

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	DYNAMIC HIP STABILIZER																						
Application Number : Date : First Named Applicant: Dr. Denis Drennan Attorney Docket Number: A3-1642																							
TOTAL FEE AUTHORIZED \$ 375																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375	Subtotal For Basic Filing Fees: \$ 375											
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	375	375																				
Subtotal For Basic Filing Fees: \$ 375																							
EXTRA CLAIM FEES																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 2	0	2201	42	0	Subtotal For Extra Claims Fees: \$ 0				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 20	0	2202	9	0																			
Independent Claims : 2	0	2201	42	0																			
Subtotal For Extra Claims Fees: \$ 0																							
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Deposit account number:	080960																						
Access Code	*****																						
Deposit name:	Hartman and Hartman																						
Deposit authorized name:	Domenica N.S. Hartman																						
Signature:	Domenica N.S. Hartman																						
Date (YYYYMMDD):	2003-08-29																						
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																							